

215047738  
70264

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 035	Agency Case No. B5-107428	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/17/2015		(In Military Time) S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TIME OF ACCIDENT 2008		STATE USE ONLY  11/18/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2010	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O St/46th - 45th		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. O/34			
D	IF AT INTERSECTION		IF NOT AT INTERSECTION				
2	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	90.00		X 46th				
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
01	MILES		N S E W	AND MILES		N S E W	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13615808		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/N	DRIVER	KHUDIDAH S MALEKO		PHONE	4028539228		
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/01/1974		
1	OWNER	KHUDIDAH S MALEKO		PHONE	4028539228		
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB485821		
5	LICENSE PLATE PA NO.	TJV191		YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
2	2001	Toyota	Corolla	4 door Sedan	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000	
V1/O	VEHICLE ID NO. (V1/N)	1NXBR12E41Z494043		INSURANCE COMPANY			
V2/O	TOWED TO	TOWED BY		POLICY NO.			
1					PANE9817		
I	VEHICLE NO. 2						
1	DRIVER LICENSE NO.	H13744712		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/P	DRIVER	HANNAH M BITENIEKS		PHONE	4028904579		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/04/1999		
1	OWNER	BRIAN G BITENIEKS / CHRISTINE G BITENIEKS		PHONE	4028902473		
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.		
02	LICENSE PLATE PA NO.	TWF002		YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
4	1998	Ford	Expolrer	Medium/large	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 300	
V2/Q	VEHICLE ID NO. (V1/N)	1FMYU24X9WUC07042		INSURANCE COMPANY			
K	TOWED TO	TOWED BY		POLICY NO.			
01					0626-2223-04-69-FPPA-NE		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
VEH. #	NAME ADDRESS			10/04/1999		01 1 03 4 1 F	
2	HANNAH M BITENIEKS 7515 Wisteria Pl, Lincoln, NE 68516						
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME ADDRESS						
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME ADDRESS						
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-107428



POI: 4'11" S of N curb of O St  
90'6" W of W curb of 46th

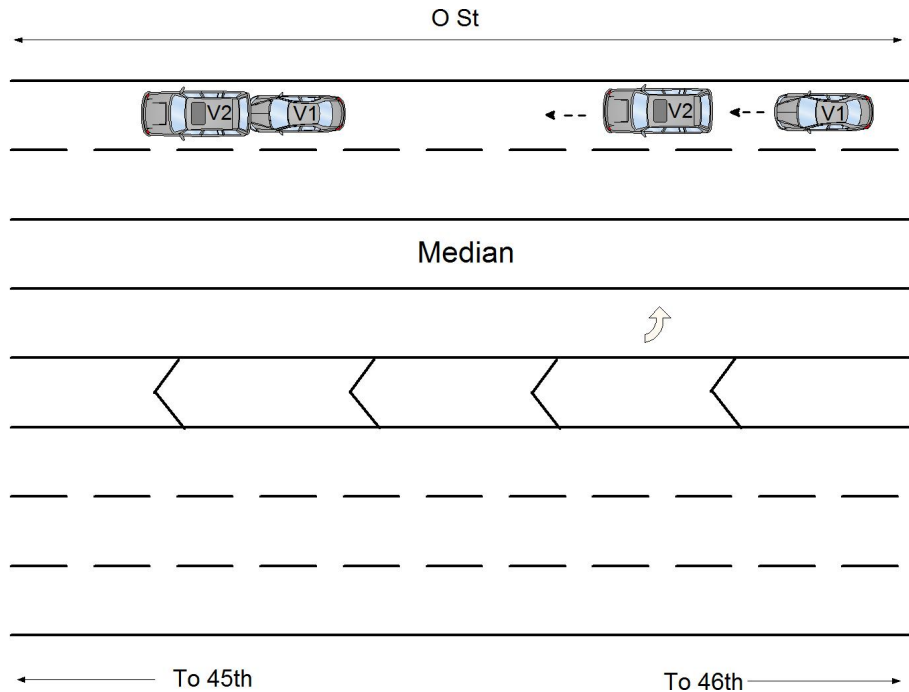
O St - 84'5"

No skid marks

No debris

Measurements are estimates

*Not To Scale*



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of V1 reported that he was traveling WB on O St between 46th and 45th in the outside curb lane when the vehicle in front of him slowed/stopped. He said he applied his brakes and attempted to stop, however, due to the wet street he could not avoid V1 colliding with the back of V2. He said he was going 15mph when the accident occurred. Driver of V2 stated that she was traveling WB on O St between 46th and 45th in the outside curb lane when the traffic slowed in front of her so another vehicle could turn into the Taco bell parking lot and V1 collide with the back of V2. She said she was going 30 mph. Driver of V1 was cited and released.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2							
1				X	O St	POINT OF IMPACT	01	POINT OF IMPACT	05	1	2	1	2	1	2
2				X	O St	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	4	2	1	2	1	2
1	01	06 Turning left				00 None	02	03	04	1	2	1	2	1	2
2	11	08 Entering traffic lane				09 Top & windows	01	05	06	2	1	1	2	1	2
01 Essentially straight ahead					09 Leaving traffic lane	10 Undercarriage	08	07	06	4	2	1	2	1	2
02 Backing					10 Parked	11 Total (all areas)			4	2	1	2	1	2	1
03 Changing lanes					11 Slowing or stopped in traffic	12 Other			4	2	1	2	1	2	1
04 Overtaking/ Passing					12 Other					4	2	1	2	1	2
05 Turning right					13 Unknown					4	2	1	2	1	2

OFFICER NO. 1640	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Wendy Fisher		INVESTIGATOR SIGNATURE Approved by Officer Wendy Fisher	DATE OF REPORT 11/18/2015